



JPW

TRANSMITTAL FORM

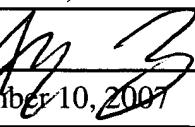
(to be used for all correspondence after initial filing)

		Application No.	10/747,977
		Filing Date	December 29, 2003
		First Named Inventor	Kevin Rudd
		Art Unit	2189
		Examiner Name	Reba I. Elmore
Total Number of Pages in This Submission	20	Attorney Docket Number	42P18220

ENCLOSURES (check all that apply)

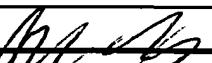
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 50px; margin-top: 5px;">Return receipt postcard</div>
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Remarks
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Angelo J. Gaz, Reg. No. 45,907 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 10, 2007

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Angelo J. Gaz
Signature	
Date	December 10, 2007



FEES TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/747,977
Filing Date	December 29, 2003
First Named Inventor	Kevin Rudd
Examiner Name	Reba I. Elmore
Art Unit	2189
Attorney Docket No.	42P18220

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Credit any overpayments

Charge fee(s) indicated below, except for the filing fee

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	31	31	=	46	x	50.00
Independent Claims	7	7	=	0	x	210.00
Multiple Dependent					=	\$0.00

Large Entity	Small Entity	
Fee Code	Fee Code	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	210	2201 105 Independent claims in excess of 3
1203	370	2203 185 Multiple Dependent claim, if not paid
1204	810	2204 405 **Reissue independent claims over original patent
1205	810	2205 405 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$ 75.00)

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,050	2253	525	Extension for reply within third month
1254	1,640	2254	820	Extension for reply within fourth month
1255	2,230	2255	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	810	2810	405	Filing a submission after final rejection (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

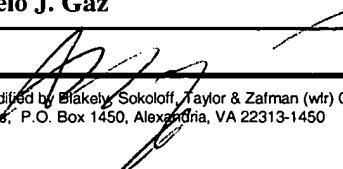
Fee Paid

120.00

(\$ 120.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Angelo J. Gaz	Registration No. (Attorney/Agent)	45,907	Telephone	(310) 207-3800
Signature				Date	12/10/07